

**REPORT AND RECOMMENDATIONS
HEALTH TRANSPORTATION TASK FORCE
OF THE
MISSOURI RURAL HEALTH COALITION
INITIATIVE**

Presented to

The Missouri Office of Rural Health Advisory Commission

EXECUTIVE SUMMARY

Introduction

Access to health services, preventative as well as treatment, is one of the major crises facing rural Missourians today. People living in rural areas are often denied access due to lack of adequate transportation to and from the service provider. During the past three years, participants in the Missouri Rural Health Satellite Seminars have consistently ranked transportation as an important health issue in their localities. A rudimentary survey of elderly and handicapped transportation providers has also pointed to the great unmet demand for transportation to health services.

A large percentage of rural Missourians are elderly and poor and depend on Medicare and Medicaid for payment of health care services. Both programs provide coverage for emergency ambulance transportation. Neither program provides non-emergency medical arrangements of the Department of Highways and Transportation, the Division of Aging, the Department of Mental Health and other state and local government entities and volunteer efforts. The Health Care Financing Administration requires that state Medicaid programs assure the availability of transportation to health services. At this time, Missouri does not have a Medicaid-funded program to reimburse NEMT services.

An increasing number of Missourians, classified as non-Medicaid indigents, are unable to afford the cost of health care and/or the transportation to available public, preventive, primary care and other health services. Transportation was identified as one of the priority issues among county health centers during a statewide health assessment in 1991.

This report provides the results of: (1) county discussions held as part of the 1990 and 1992 Rural Health Satellite Seminars; (2) a survey of two types of current public transportation providers in the state; (3) a review of the South Carolina transportation program for Medicaid including the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT); and (4) a Missouri Medicaid pilot project for provision of non-emergency medical transportation conducted in central Missouri during 1990-1991.

Strategies for addressing the need for access to rural transportation for all populations are proposed and recommendations for development of a comprehensive approach to providing non-emergency medical transportation for Medicaid, EPSDT, and others in need of assistance have been developed on the basis of the needs and the experience of existing public transportation providers.

With adequate funding and staff, we can build on Missouri's existing transportation network and resources to provide non-emergency medical transportation for Medicaid-eligible residents and a significant number of other Missourians (primarily elderly and handicapped). Based on South Carolina's experience, 50% of the total Medicaid-eligible population will participate in the transportation program when it is fully implemented. The current Missouri Medicaid population is 619,000. It is anticipated that it would take five years to reach capacity—build the network for arranging and approving Medicaid transportation services and a system for provider recruitment and contracting of providers. At the same time, the broader network to provide greater and more efficient transportation services for Missourians, in general, can and should be established.

Strategies

- Increase coordination of existing and future transportation services to more efficiently use available resources.
- Provide increased transportation services available to non-Medicaid-eligible persons seeking access to non-emergency preventive, educational and treatment services.
- Provide reimbursement for non-emergency medical transportation of Medicaid-eligible persons.

Recommendations

1. Provide an increase in funding for the Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP) for FY 94 and future years based on percentage of actual increases in grantee participation.

Note: The Missouri Highway and Transportation Commission endorses a \$3,600,000 increase in this program to assist in providing more rural health transportation. Such transportation is available for any citizen, i.e., would not require Medicaid eligibility, etc.

MEHTAP provides for a maximum 50% match participation in operational cost for non-profit organizations who provide transportation; but in FY 92 state general revenues provided only 14.8%. This program is our best existing general revenue resource to assist elderly and handicapped with their needs for non-emergency medical transportation.

Explore the use of these current services by Medicaid-eligible persons for NEMT as a means of drawing additional federal matching Medicaid NEMT funds.

2. Secure funding for reimbursement of non-emergency medical transportation to approved services for Medicaid-eligible persons.

Note: The Department of Social Services will be requesting \$15.7 million for FY 94 for reimbursement of non-emergency medical (includes preventive treatment and screening services) transportation services for EPSDT clients. Additional requests are being submitted for the necessary Division of Medical Services state staffing and Division of Family Services local staffing (counties) to provide transportation services, and a computerized system for tracking and scheduling.

Resources do not exist at the local level to do the work necessary to coordinate and access NEMT services. New staff would have to be included in the budget and hired in each local DFS office to arrange NEMT services. Likewise program development staff and support staff are required at the state Medicaid level for development and implementation of the program. Even if funds are appropriated for the service dollars, this program cannot be implemented with current inadequate local and state staff. Funds will also be necessary to develop a computer network for efficient appointment scheduling, monitoring, and reimbursement of transportation providers.

Ensure that existing Missouri transportation providers who meet the Medicaid Providers Qualifications have an equal opportunity to participate in the program.

Recognize the Department of Social Services as a single state agency charged with the responsibility for administering the Medicaid Program in Missouri (federal wording). (This does not prevent Medicaid from participating in an interagency agreement that provides for coordination of transportation services, but Medicaid monies must be administered by DSS.)

3. Establish an informal interagency working task group comprised of state level representatives from MHTD, DSS (Division of Medical Services, Division of Aging, and Division of Family Services), DOH, DMH, DESE, and other appropriate agencies for networking and a coordinated transportation program in Missouri.

Note: MHTD has begun to meet with the Division of Aging for such a purpose. At the regional level, Regional Specialized Transportation Coordination Councils have been meeting since 1988 for this purpose.

This interagency group would focus in particular on coordinating efforts to develop NEMT services to the adult Medicaid population, how to maximize general revenue dollars and maximize the federal match which can be drawn (current match drawn by most of these agencies plus that which would be available for Medicaid (NEMT)).

This group would also focus on how to coordinate among various agencies to provide more comprehensive and cost effective transportation.

It is currently suggested that one such step would be developing a Memorandum of Understanding between MHTD and DSS to allow a portion of any increase in MEHTAP that is not being matched to be used as a general revenue match for additional federal funds for Medicaid transportation.

- This option could be exercised if existing levels of Medicaid transportation were not meeting actual demand.
- MHTD presently has a Memorandum of Understanding with the DSS Division of Aging which provides the Division of Aging with the ability to generate additional federal funds for transportation activities by using the general revenue allocation to the ten Area Agencies on Aging (AAA) as match. This general revenue source allocated to the AAA's is not being matched by other federal or local sources.
- The MHTD is willing to participate in the match effort to generate additional federal funding.

4. Designate an agency to nurture coordination of federal and state transportation activities. This agency (with the cooperation of all funding agencies, local or regional transportation providers and local officials) would nurture the determination of needs, development of qualifications to encompass all regulations for providers, development of a uniform state program RFP process, and the drafting of universal contracts with grantees that cover all funding sources. This task force recognizes and recommends MHTD for this task because of its experience in this arena through its work with regional coordinating councils.

Note: This would provide for maximum coordination of funds, services, regulations, vehicles and local efforts.

A comprehensive study conducted by Carter Goebel in 1989 with the cooperation of the Regional Planning Councils and the Area Agencies on Aging has documented existing services and resources and transportation needs in Missouri. This information needs to be updated to reflect changes in needs and resources.

5. Explore change in regulations to allow school districts, churches, and other non-profit agencies to:
 - contract with other federal, state, county and non-profit organizations for the purpose of coordinating transportation providing specific client transportation, elimination of duplication on existing routes;
 - enter into purchase of service contracts to secure additional revenues to offset transportation costs by the districts;
 - ensure maximum use of vehicles;
 - assist and/or lead in the local coordination efforts in a joint effort with the administering agency of transportation funding;
 - obtain affordable insurance coverage through an insurance pool.

Benefits to Missouri

Development of a coordinated transportation system would improve the opportunities for a higher quality of life for all Missourians because it would:

1. Provide greater access to transportation for Medicaid-eligible recipients, including EPSDT eligibles, and other Missourians needing transportation assistance to access health services.
2. Create more local jobs in the transportation service industry.
3. Increase utilization of prevention and primary care health facilities and further impact local economies through such activity.
4. Provide more efficient services under all programs, by all programs, assisting in defraying overall operational costs.
5. Allow the state to leverage a greater amount of federal matching funds to support transportation funding.
6. Increase early diagnosis and treatment and prevention for those currently denied access due to lack of transportation. Public health efforts have repeatedly shown that prevention is much less costly than treatment of many diseases. Providing transportation to obtain preventive and early intervention health care services is more cost efficient than treatment of disease and will provide a significant savings to the State of Missouri and a savings in pain and distress to individuals.

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